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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number:
Expires:
Estimated average burden
hours per response

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Name of Offering (☐ check if this is an a	mendment and name ha	is changed, and i	ndicate c	hange.)	_				
LJM Fund, L.P. Limited Partnership I	nterests of Asset Class	I Series or Ass	et Class	II Series		<u></u>			
Filing Under (Check box(es) that apply):	.OE								
Type of Filing: ☑ New Filing ☐ Amend									
1. Enter the information requested about to	he issuer			•		07072065			
Name of Issuer (☐ check if this is an am	endment and name has	changed, and inc	dicate cha	inge.)					
LJM Fund, L.P.									
Address of Executive Offices	(N	umber and Stree	t. City, S	tate, Zip Code)	Telephone Num	ber (Including Area Code)			
432 The Lane, Hinsdale, Illinois 60521	630-325-3897	97							
Address of Principal Business Operations	(N	umber and Stree	t, City, S	tate, Zip Code)	Telephone Num	lumber (Including Area Code)			
(if different from Executive Offices)									
Brief Description of Business									
Commodity investments and trading						20000000			
Type of Business Organization						rnucessed			
☐ corporation	☑ limited partnership	p, already forme	d	☐ other	(please specify):	CED O L coes			
☐ business trust	☐ limited partnership	p, to be formed				SEP 0 4 2007			
		Month	Year			THOMSON E			
		11 D	0 2	☑ Actual □] Estimated	FINANCIAL D			
Actual or Estimated Date of Incorporatio	n or Organization:				Lighthated				
Jurisdiction of Incorporation or Organiza	tion:	(Enter two-le	etter U.S.	Postal Service	abbreviation for S	state: DE			
		CN for Cana	ida; FN f	or other forcigr	jurisdiction)				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
 Each promoter of the issuer, if the issuer has been organized within the past five years; 										
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
LJM Partners, Ltd.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
432 The Lane, Hinsdale, Illinois 60521										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual).										
Caine, Anthony J.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
432 The Lane, Hinsdale, Illinois 60521										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Sykora, J. Scott										
Business or Residence Address (Number and Street, City, State, Zip Code)										
432 The Lane, Hinsdale, Illinois 60521										
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \square Executive Officer \square Director \square General and/or Managing Partner										
Full Name (Last name first, if individual)										
Ivanov, Ph.D., Stanisłav										
Business or Residence Address (Number and Street, City, State, Zip Code)										
432 The Lane, Hinsdale, Illinois 60521										
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \square Executive Officer \square Director \square General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										

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		<u>-</u>											Yes	No
1.	Has the i	ssuer sold,	or does the	issuer inte	end to sell,	to non-acc	redited inv	estors in tl	nis offering	; ?			. 🗹	
			A	Answer als	o in Appen	dix. Colum	ın 2, if fili	ng under U	LOE					
2.	What is t	he minimu I of the ger	m investme neral parti	ent that wi ner)	ll be accep	ted from ar	ny individu	al? *(smal	ler amoun	its may be	purchase	d with	\$ *100 ,	,000
3.	3. Does the offering permit joint ownership of a single unit?										Yes ☑	No		
4.		-	on requeste											
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ull Nam	ie (Last na	me first, if	individual)										
Triad Ad	dvisors, Ir	ıc.												
Business	or Reside	nce Addres	s (Number	and Street	, City, Stat	te, Zip Cod	e)							
3500 Par	kway Lai	ne, Suite 2	20, Norcro	ss, GA 30	092									
Name of	Associate	d Broker o	r Dealer											
States in	Which Pe	rson Listed	Has Solici	ited or Inte	nds to Soli	cit Purchas	ers			.,,,,,,			<u> </u>	
(Cho	eck "All S	states" or cl	heck indivi	dual States	s)				••••			🗹 A	II States	
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full Nam	ne (Last na	ıme first, if	individual)					·					
Capital N	Managem	ent Partne	ers, Inc.											
		ent Partne		and Stree	t, City, Sta	te, Zip Cod				<u></u>	<u></u>			
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(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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			В	. INFOR	MATION	ABOUT C	FFERING	G (CONT'	D)			
full Name (Last na	me first, if	individual)									
Corinthian Partn	ers, L.L.C.											
Business or Reside	nce Addres	s (Number	and Stree	t, City, Sta	te, Zip Coo	le)	-					
0 East 53 rd Stree	t, 26nd Flo	or, New Y	ork, NY 1	0022								
Name of Associate	d Broker or	r Dealer										
States in Which Pe							•					
(Check "All S	States" or cl	heck indivi	dual State	s)		•••••					🗆 A	All States
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Full Name (Last n	ame first, if	individual)									
Business or Reside	ence Addres	ss (Number	r and Stree	t, City, Sta	ite, Zip Co	de)						
Name of Associate	d Proker o										-	
Name of Associati	cu broker o	r Dealer										
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(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCE	EDS		
l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate ering Price	A	mount Already Sold
	Debt	<u>\$</u>	-0-	<u>s</u>	-0-
	Equity	\$	-0-	\$	-0-
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests		-0-	\$	-0-
	Other (Specify) Limited Partnership Interests *(\$100,000,000) per Series)		00,000,000	<u>\$</u>	30,759,320
	Total	<u>\$_1</u>	00,000,000	<u>\$</u>	30,759,320
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	ſ	Aggregate Dollar Amount of Purchases
	Accredited Investors		154	\$_	30,759,320
	Non-accredited Investors	_	-0-	\$	-0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security]	Dollar Amount Sold
	Rule 505			<u>\$</u>	
	Regulation A	_		\$	
	Rules 504			\$	
	Total		N/A	<u>\$</u>	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
			_		_
	Transfer Agent's Fees			-	<u>-0-</u>
	Printing and Engraving Costs				-0-
	Legal Fees				15,000
	Accounting Fees				-0-
	Engineering Fees				-0
	Sales Commissions (specify finders' fees separately)				-0
	Other Expenses (identify) Filing fees		🗹] <u>\$</u>	10,000

total exp	enses furnished in response to Part C - Ques	gate offering price given in response to Part C- Question stion 4.a. This difference is the "adjusted gross proceeds	to the			\$		750,000 <u>series</u>
5.	of the purposes shown. If the amount of a	gross proceeds to the issuer used or proposed to be used ny purpose is not known, furnish an estimate and check to syments listed must equal the adjusted gross proceeds to lib above.	the box	to				
					Payments to Officers, Directors, & Affiliates			yments to Others
	Salaries and fees		(s -0-		<u>s</u>	-0-
	Purchase of real estate		(٦,	<u> </u>		<u>\$</u>	-0-
	Purchase, rental or leasing and installation	of machinery and equipment		⊐ .	<u>s -0-</u>		<u>s</u>	-0-
	Construction or leasing of plant buildings	and facilities	1		<u> </u>		<u>\$</u>	-0-
		the value of securities involved in this offering that may so of another issuer pursuant to a merger)		_	\$ -0-		<u>\$</u>	-0-
	Repayment of indebtedness		1	_	\$ <u>-</u> 0-		<u>\$</u>	-0-
	Working capital		ا	_	<u>s -0-</u>	☑	<u>\$ 99</u>	9,750,000
	Other (specify):				<u>\$ -0-</u>		<u>\$</u>	-0-
	Column Totals		(⊐ .	<u> </u>	☑	<u>\$ 99</u>	9 <u>,750,000</u>
	Total Payments Listed (column totals adde	ed)	••••		☑ <u>\$ 999,</u>	750 <u>,</u> (<u>100</u>	
		D. FEDERAL SIGNATURE						
constitut	es an undertaking by the issuer to furnish to	y the undersigned duly authorized person. If this notice the U.S. Securities and Exchange Commission, upon wron persuant to paragraph (6)(2) of Rule 502.						
Issuer (P LJM Fu	rint of Type) nd, L.P.	[""""]\/ 4/\/ /4_	ate ugust	14,	2007			· ·
Name of	Signer (Print or Type)	Title of Signer (Print of Type)						
J. Scott	Sykora	Managing Director of LJM Partners Ltd., the gener	ral par	tne	r of the Issuer			
						•		
					EN	\mathcal{I})	
		ATTENTION						
	Intentional misstatements o	r omissions of fact constitute federal criminal violatio	ns. (Se	e 1	8 U.S.C. 1001.)			